
Clinical Trials

Part 7

PUBLISHING THE RESEARCH

1. Publication planning
2. Guidelines for reporting clinical trials
3. Principles for constructing good graphs and tables
4. Analysis of a published manuscript

PUBLICATION PLANNING

- Identify potential manuscripts at time of study design and include publication plan in protocol
 - primary manuscript
 - report main results of study
 - secondary manuscripts
 - study design paper and baseline patient characteristics
 - secondary objectives
 - substudies
 - tertiary manuscripts
 - arise after study is planned

AUTHORSHIP POLICY

- If not specified in advance, can be a very contentious issue at time of publication
- Who will be listed as an author?
- What order?
- What is the intended journal?
 - May have its own rules
 - number of authors
 - group authorship

AUTHORSHIP POLICY

- Current thinking
 - each author must have played a substantive role in the design of the study and/or the development of the manuscript
 - local investigators who recruit and follow patients, data collectors, etc. should not be credited unless they meet this qualification

WRITING/PUBLICATION COMMITTEE

- identifies potential manuscripts
- sets general authorship policy
- assigns one or more people to develop each manuscript
- sets timetable/priorities of manuscript development
- monitors progress of manuscript
- reassigns authorship when necessary
- gives final approval to completed manuscripts

GUIDELINES FOR REPORTING CLINICAL TRIALS

- Background
- Objectives
- Research Methods
- Results
- Discussion and Conclusions

BACKGROUND AND OBJECTIVES

- Background
 - Brief summary of principal findings of all relevant prior studies, leading to explanation as to why present study was done.
- Objectives
 - goals of study and specific hypotheses

RESEARCH METHODS

- Basic design
 - completely randomized, randomized block, cross-over, repeated measures, etc.
- Study population
 - inclusion and exclusion criteria
- Type of control group

RESEARCH METHODS

- Identification of all treatment groups. Specific methods used to administer treatments.
- Informed consent procedures
- Method of stratification and randomization
- Method of blinding

RESEARCH METHODS

- Details about measurements
 - what was measured, how, when, expected accuracy and precision.
- Identification of factors, factor levels and response variables
- Duration of study, frequency of visits
- Monitoring Procedures

RESEARCH METHODS

- Statistical methods used
 - One-sided or two-sided test?
 - Assumptions underlying tests
 - e.g. normality, proportional hazards
 - If the methods used are uncommon, may want to describe them in more detail in appendix.
 - alpha- level for statistical significance
- data quality assurance methods

STATISTICAL METHODS

- T-test
 - one-sample?
 - two-sample?
 - paired?
- Chi-square test
 - test of association?
 - goodness of fit?
 - many others possible

STATISTICAL METHODS

- Analysis of variance (ANOVA)
 - one-way, two-way, etc?
 - interaction tested?
- Regression
 - Type
 - multiple linear
 - logistic
 - Cox
- Variable selection method
 - stepwise, backward, forward, all subsets?

RESULTS

- Comparability of treatment groups
 - demographic variables
 - prognostic variables
- Efficacy results
- Safety results
 - adverse reactions
 - incidence of side effects

RESULTS

- Enumeration of patients who failed to complete study and reasons
 - withdrawals, drop-outs, losses to follow-up, code breaks
- Tests of assumptions underlying statistical procedures

RESULTS

(statistical reporting)

- always give exact p-value
- with each p-value, you should state what hypothesis is being tested (e.g. $r=.53$, $p=.002$ for $H_0:\rho=0$)
- presenting computed test statistic is optional, as long as test used is accurately described
- ANOVA - summary table is helpful

RESULTS

(statistical reporting)

- Regression - include fitted model, statistical test of parameters, r^2 value, plot of data and fitted regression equation
- prefer tables to graphs
- a graph can draw emphasis to an important result
- when presenting means, must present measure of variability
(e.g. mean heart rate = 72 (s.d. = 12))

DISCUSSIONS AND CONCLUSIONS

- relate findings of present study to those of prior studies discussed in background
- if you are aware of any potential biases in sample, report them and tell how they might affect inferences
 - many VA studies include only males

DISCUSSIONS AND CONCLUSIONS

- do not draw any conclusions that are not substantiated by the data and statistical analyses
- the alpha error for planned comparisons is usually smaller than the alpha for comparisons done after looking at the data

DISCUSSIONS AND CONCLUSIONS

- Beware of numerous tests done on the same data. One in 20 will be statistically significant by chance alone.

DISCUSSIONS AND CONCLUSIONS

- Be careful in reaching conclusions based on results of study with small sample size. If a statistical test fails to reject a null hypothesis, you cannot necessarily assume that the treatments are equivalent. The probability of a Type II error must be computed and be acceptably small before the conclusion is valid.

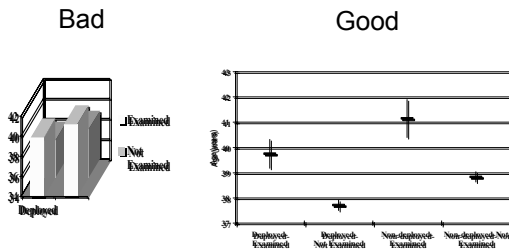
GRAPHS

- Graphs should be fully self-explanatory. Title should include information on:
 - who or what the subjects of experiment are
 - what observations are abstracted from the subjects
 - what restrictions of time and place apply
- Vertical and horizontal axes should be clearly labeled and units should be identified.

GRAPHS

- Keep it simple. Instead of presenting many curves in one graph, you might have a series of smaller graphs each presenting one curve.
- Use direct-labeling rather than legends where possible.
- Beware of capabilities of presentation software which do not provide additional information about the data or distort the nature of the data (e.g. 3-d effects.)

**Figure 7 Age
(Examined vs. Not Examined)**



TABLES

- Tables should be fully self-explanatory. Should stand by themselves with accurate row and column headings.
- Units should be stated for each numerical variable.
- The function of ruling is to provide clarity of interpretation. Do not overuse. Use spacing.
- Do not try to include too much information in a single table.

TABLES

- Numerical entries of zero should be explicitly written as zero rather than indicated by a dash or dotted line (there should be reserved for missing or illogical data).
- A numerical entry should not begin with a decimal point. Use a leading zero.
- Numbers indicating values of the same characteristic should be reported to the same number of decimal places.

serious circumstances of more than 100 kg per centilile and a maximum-increase rate of more than 20 g/week. We found no patients in whom glucose tolerance might be useful (e.g., those with diabetes mellitus, pregnancy, or a family history of diabetes). In the case of the 10 patients with a response to the oral test (e.g., those with acute infection, diabetes mellitus, or known neurological disorder), all patients received 100 g and those who had received a supraphase, at the previous visit (table). No other included patients who were, or would become, or attempt to become, obese (weight gain of less than 20 kg, or 40 kg, or 40 kg/m² per year or more than 100 kg per centilile per year, respectively). The study was approved by the Northern Sydney Committee on Human Research, Northern Sydney Local Health Program, Australia. The study was

EXCLUSION CRITERIA

Keywords: *work, stress, coping, organizational commitment, turnover, organizational citizenship*

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Energy Alternatives for Growth and Development 199

[illegible]

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RESULTS

The base-line characteristics of the patients in the two groups were similar (Table 1). Of the 200 patients who had been treated with the 10-week maintenance phase and 120 comprised the 10-week treatment phase, twenty patients withdrew after randomization, including 12 patients who were lost to follow-up and eight patients who dropped out of the maintenance phase without having any laboratory values obtained below 30 percent (Table 1). The average (SD) number of days in study in the study was 402.0 (50.2) in the maintenance phase and 400.0 (50.2) in the treatment phase and 400.0 (50.2) weeks (range, 2 to 87) in the maintenance therapy group (P=0.86). When we calculated the time-to-event with the average values during the study, we found that the time to event was similar, which we found that there was little change in the time-to-event since (mean change, 0.02 ± 0.04 years, P=0.62), and similarly, blood pressure (3.75 ± 0.22 mmHg, P=0.0001), and serum cholesterol (0.00 ± 0.00 mmol/L, P=0.0001).

During the measurement phase, the average walking time of subjects was 32 percent lower in the walking-arms-through group than in the intervention-through group (Table 1 and Fig. 1). When the activity was increased to the 120 patients who completed the 20-week measurement phase, the overall time in the

urban concentrations of more than 100 µg per cubic foot and particulate-matter levels at least 100 µg per cubic foot. The focus is primarily on cities where the health impact is likely to be the highest and where the need for action is the greatest. These health action areas are located in California, New York, Pennsylvania, Illinois, and Massachusetts and these cities had received a certification of the previous year's study. We also included counties that were not actually certified as hazardous in 1996 – those requiring a year of data from 1997 to help determine if health impacts are likely to be more than 100 µg per cubic foot per year, on average. The study was approved by the human-subjects committee at the Boston Veterans Affairs Cooperative Studies Program Coordinating Center.

IRB
APPROVAL

[illegible]

Source: *Statistical Abstract for the Republic of the Philippines*, 1997.

[illegible]

The base-line characteristics of the patients in the two groups were similar (Table 1). Of the 300 patients with a documented diagnosis of schizophrenia, 100 were in the maintenance phase and 120 completed the 16-week maintenance phase. Average patients' education after high-school, including 12 patients who were unable to complete high-school, was 12.5 years. The three schizophrenia phase without having been hospitalized in the last 12 months were 100 patients (33%). The mean duration before the start of the study was 40.2 (SD=10.0) months of course. In the study was 102 (34%) patients who had been hospitalized in the last 12 months and 100 (33%) patients who had not been hospitalized in the last 12 months. The mean duration of the study was 40.2 (SD=10.0) months. When we compared these two sub-groups with the average scores during the study, we found that these two sub-groups had no significant differences in the mean scores in the various subtests of the Wechsler Adult Intelligence Scale (WAIS-III) and the Wechsler Memory Scale (WMS-III) (Table 2). The mean scores in the Wechsler Adult Intelligence Scale (WAIS-III) and the Wechsler Memory Scale (WMS-III) were 100.0 (SD=10.0) and 100.0 (SD=10.0) respectively.

[illegible]

Rate of Spontis
During the maintenance phase, the average weekly dose of spontis was 32 percent lower in the adjuvant versus therapy group than in the maintenance therapy group (Table 2 and Fig. 1). When the analysis was restricted to the 138 patients who completed the 24

highest concentrations of more than 200 µg per milliliter, and a significant decrease rate of more than 20 percent. The trend in parents is that genetic damage might be avoided, e.g., those who accumulated spermatozoa and those who might have been exposed to the acid rain, e.g., those with a more immediate desire to conceive. A few more knowledge deficits in genetic testing (including and those who had received a karyotype) in the previous study found. The also included parents who might be unable to conceive or conceive in vitro – those requiring a surrogate mother, 30.1 per centage of both groups per year in those that 200 µg per milliliter per year, respectively. The study was approved by the Institutional Committee at the State University of Campinas (UNICAMP) Program Coordinating Center in

Subject were defined as the persons

reductions in the 1980s have been largely temporary and reversible.

MEASUREMENT

of the range of 20 to 30 years.

[illegible]

3-

The base line characteristics of the patients in the two groups were similar (Table 1). Of the 300 patients were underweight malnourished, 107 showed the characteristic plasma urea nitrogen concentration of 18 mg/dl or higher, 100 patients had plasma albumin levels below 3.5 g/dl, 100 patients had abnormal electrolytes, including 120 patients who were able to demonstrate glucose changes during the three electrolyte acid-base studies, having their bicarbonate levels fall below 20 mEq/L, 100 patients had a serum (2500) length of time in the study was 401.20 weeks (range, 2 to 202) in the maintenance group and 402.07 weeks (range, 2 to 202) in the electrolyte group. The mean age of the patients in the electrolyte group was 27 years (range 15 to 49 years) and the mean age in the maintenance group was 26 years (range 15 to 49 years). As shown in Figure 1, the mean age of the patients in the electrolyte group was 27 years (range 15 to 49 years) and the mean age in the maintenance group was 26 years (range 15 to 49 years). As shown in Figure 1, the mean age of the patients in the electrolyte group was 27 years (range 15 to 49 years) and the mean age in the maintenance group was 26 years (range 15 to 49 years).

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Time of harvest

During the maintenance phase, the average weight loss of sprouts was 32 percent lower in the sprouts from the control group than in the intervention group (Fig. 1) (Table 1 and Fig. 1). When the sprouts are

[illegible]

Keywords: *Self-esteem, self-esteem threat, self-esteem threat sensitivity, self-esteem threat sensitivity scale, self-esteem threat sensitivity scale-2*

[illegible]

Flanagan was awarded under both the full and

1990s, the mean time to return to the road was 10.5 days (range 3–20 days). The mean time to return to work was 12.5 days (range 3–20 days). The mean time to return to normal range, the time of return was modified to 10.5 per 100 person per year, the time being changed if the temperature was above 30°C and below 10°C it was 20 days (20 points). The time of return to normal was changed to 10.5 per 100 person per year, the time being changed if the temperature was above 30°C and below 10°C it was 20 days (20 points). The time of return to normal was changed to 10.5 per 100 person per year, the time being changed if the temperature was above 30°C and below 10°C it was 20 days (20 points).

[illegible]

Statistical Analysis

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The intermediate phase was 18% compared to the 26% of the intermediate phase having a 17% increase in the width of the intermediate phase. The intermediate phase was 18% compared to the 26% of the intermediate phase having a 17% increase in the width of the intermediate phase. The intermediate phase was 18% compared to the 26% of the intermediate phase having a 17% increase in the width of the intermediate phase.

State of Sponties

During the maintenance phase, the average number of sponties was 32 patients lower in the reference versus therapy group than in the intervention-therapy group (Table 2 and Fig. 3). When the sponties were measured in the 128 patients who completed the 24-week maintenance phase, the average drop in the

[illegible]

MEASUREMENT OF PAIN AND SECONDARY OUTCOME

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Strong Algorithms for Sparse and Streaming Data
 Algorithms are developed under both the real and semi-streaming models.

Decreases in nitrogen levels within the soil were also observed in the 1990s, and this was associated with the use of organic fertilizers. The use of these fertilizers has been shown to increase the amount of nitrogen in the soil, but the time being required for the nitrogen to be available to plants is longer than for mineral fertilizers. The use of organic fertilizers is also associated with a decrease in the amount of nitrogen in the soil, but this is due to the fact that the nitrogen is not available to plants in the same way as mineral fertilizers. The use of organic fertilizers is also associated with a decrease in the amount of nitrogen in the soil, but this is due to the fact that the nitrogen is not available to plants in the same way as mineral fertilizers.

Measurement of Document Use during Treatment

As has been all patients used the first in document groups with the mean (standard deviation), including the addresses, use or group. The evaluation was repeated over 12 weeks at 4 points in the intervention design group and half in those in the comparison group. The other half of the intervention design group used only the text of documents associated with the subsequent treatment visit. The patients used the text of documents using a visual analogue scale consisting of a 100-mm line on which 0 was indicated the absence of use and 100 was used. The patients also used the past year's use of each document scale into past, very little, half past, not very much, quite often, very often, and almost every day.

 Springer[illegible]

The base line characteristics of the generators in the two groups were similar (Table 1). Of the 308 patients who underwent mastectomy, 137 entered the maintenance phase and 128 completed the 26-week follow-up. Of the 308 patients who underwent radiotherapy, 123 entered the maintenance phase and 119 completed the 26-week follow-up. The patients who were unable to tolerate the maintenance therapy during the first 26 weeks of follow-up were excluded from the study. The average age of the patients in the maintenance phase was 52 years (range, 32 to 70); in the radiotherapy phase, 53 years (range, 32 to 77); in the adjuvant therapy group, 52 years (range, 32 to 77); and in the maintenance phase, 52 years (range, 32 to 77). Since we cannot identify the patients who were unable to tolerate the maintenance phase in the first group, we concluded that these were little change in the side-reaction rates (mean change, 5.1/100 patients per week) in the maintenance phase (Fig. 2, Table 2). In the radiotherapy phase, there was a significant increase in toxicity (mean change, 14.5/100 patients per week) (Fig. 2, Table 2), but no increase in toxicity during treatment (Fig. 2, Table 2).

Rate of Sponties

During the maintenance phase, the average number of sponties was 52 percent lower in the placebo group than in the treatment group (Table 2 and Fig. 3). When the patients in the 120 patients who completed the 24-week maintenance phase, the average dose is a

[illegible]

Keywords:

[illegible]

2-SIDED,
POWER α - LEVEL

to generate new knowledge in the field and to improve the understanding of the role of the environment in the health of the community. The agencies in the environmental health group in 1990 did not have enough staff to do the various things better than we could do by the pooling and sharing of the staff and resources through grants. It is the role of NIOSH to do just that for the rest of the Nation.

As grants were developed to take part in cooperative investigations with groups, NIOSH-100, National Public Health Service, Department of Health and Human Services, CDC, and other federal organizations of the late 1980s and early 1990s, it is a reaffirmation of a world health organization of the late 1980s and early 1990s and a reaffirmation of the role of NIOSH in the field of environmental health.

Environmental health is a field of research and practice that is a part of the public health and environmental health. Environmental health is a field of research and practice that is a part of the public health and environmental health.

[illegible]

Keywords:

The groups were compared with the two-sample *t*-test for continuous data and Fisher's exact test for categorical data. "Interrater" or test-retest analysis was used in reporting results unless otherwise noted. To analyze the data for the two levels of question asked, we calculated the mean difference between the two levels of question for each measure for all available measurements (mean ratio for the two levels). For patients who did not enter the measurement phase, we reported an average value for each measurement by using the mean of the two measurements. If patients discontinued the measurement during the three-month phase because the target behavior was measured at a value of less than 1.5, at a point just before the posttest, their average score was considered to be zero. When data were missing for a patient, we used the average of the two measurements with the least number of missing values to estimate the average between a change in the mean of administration from base line and the change in the data. All statistical tests were two-tailed.

5 TEST, 1000 REPLICATIONS, 1000 SEEDS, 1000 LEVEL

Size of Spontic

During the intervention phase, the average number of spontics was 32 percent lower in the self-care versus therapy group than in the intervention therapy group (Table 2 and Fig. 1). When the analysis was restricted to the 138 patients who completed the 24-week intervention phase, the overall drop in spontics

baseline characteristics of the sample in the two groups were similar (Table 1). Of the 108 participants who completed the baseline, 117 completed the maintenance phase and 118 completed the follow-up assessment phase. Twenty percent withdrew after baseline, including 11 persons who were able to discontinue questionnaires during the baseline phase without having done baseline questionnaires before 30 percent.

During the maintenance phase, the average weekly rate of growth was 12 percent lower in the reference group than in the intervention group. The average weekly rate of growth was 12 percent lower in the reference group than in the intervention group. The average weekly rate of growth was 12 percent lower in the reference group than in the intervention group.

Baseline Characteristics, Withdrawal, Length of Time in Study

RESULTS

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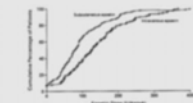
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Table 2. Results among the Non-Hispanic White

Variable	Superintendents Median (Mean=50)	Subintendents Median (Mean=50)	P-Value
Median experience level of director			
Average 1-10 yrs	55 (17.75)	54 (16.66)	0.985
Range 1-10	75 (25.00)	75 (25.00)	0.985
Average 11-20 yrs	55 (17.75)	51 (15.15)	0.640
Average 21-30 yrs	55 (17.75)	55 (16.66)	0.220

UNITS

agitation, 42% for patients who received their pain reliever in sublingual form. 33% patients had a decrease in the time during the study and 23% patients an increase. The corresponding values for the patients who received their sublinguals in conventional form were 26% patients and 49% patients. Of the patients who received oxycodone sublinguals before and during the study, 34% patients had a reduction in the time during the study and 20% patients an increase. The respective numbers for the patients who received oxycodone in conventional form and during the study were 50% patients and 22% patients. These results confirm the greater efficiency of sublingual administration but suggest that the sublingual route may not be more efficient in all patients.



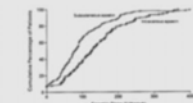
Values represent the cumulative percentage of patients on the x-axis reporting a state of appetite that was equal to or less than each value on the y-axis.

Table 2. Factors Affecting the Measurement of Power

Variable	Superficial Tumors (n=105)		Metastatic Tumors (n=105)		P-Value
	Mean (SD)	Median (IQR)	Mean (SD)	Median (IQR)	
Median time-to-death of surgery	1.1 (1.0)	1.0 (0.0-1.0)	1.0 (0.0-1.0)	1.0 (0.0-1.0)	0.882
Average 1-yr RFS	54.0 (16.0)	54.0 (16.0)	54.0 (16.0)	54.0 (16.0)	0.882
Average time-to-death	1.1 (1.0)	1.0 (0.0-1.0)	1.0 (0.0-1.0)	1.0 (0.0-1.0)	0.882
Average time-to-death of surgery	1.1 (1.0)	1.0 (0.0-1.0)	1.0 (0.0-1.0)	1.0 (0.0-1.0)	0.882

SAMPLE

SAMPLE SIZE



Values represent the cumulative percentage of patients in the 1 year following a date of operation that we have not seen since that date. Values are 95% CI.

Table 2. Results across the Measurement Period

Variable	Superficial Tumors (n=107)	Subcutaneous Tumors (n=107)	P-Value
Median maximum size of lesion			
Average (± SD) mm	46.1 (± 7.0)	54.0 (± 8.0)	< 0.001
Range (mm)	17.0-74.0	15.0-82.0	
Average histiocyte %	25.3 (± 9)	31.1 (± 12)	0.46
Average histiocyte (± SD)	10.0 (± 1.0)	10.2 (± 1.0)	0.23

EXACT
P-VALUE

P-VALUE The p-value was 0.0001, indicating a statistically significant difference between the groups.

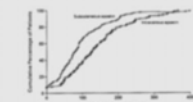


Figure 1. Average Food Intake during the Maintenance Phase in the Subchronic Toxicity and Reproductive Toxicity Studies

Table 1. Baseline characteristics of the study patients

Characteristic	Adriamycin plus epirubicin (n = 100)	Adriamycin plus epirubicin plus fluorouracil (n = 100)
Median age, years (range)	55 (35-75)	55 (35-75)
Median tumor size, cm (range)	3.5 (1.5-10.0)	3.5 (1.5-10.0)
Median number of lymph nodes examined (range)	10 (5-25)	10 (5-25)
Median number of lymph nodes positive (range)	2 (0-10)	2 (0-10)
Median number of lymph nodes negative (range)	8 (5-25)	8 (5-25)
Median number of lymph nodes positive per node (range)	0.2 (0-1.0)	0.2 (0-1.0)
Median number of lymph nodes negative per node (range)	0.8 (0-1.0)	0.8 (0-1.0)

COMPARISONS WITHIN PATIENTS

Response. Of the patients who received their primary adjuvant chemotherapy, 99 patients had a decrease in the size during the study and 22 patients were alive at the end of the study. The corresponding median time to response was 10 weeks (range, 4-20 weeks) in the adriamycin plus epirubicin group and 10 weeks (range, 4-20 weeks) in the adriamycin plus epirubicin plus fluorouracil group. These results indicate that the primary objective of adjuvant chemotherapy was achieved in both groups.

The time to response and a change in the size of the tumor were not significantly different in the two groups.

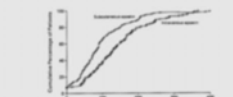


Figure 1. Overall survival for patients in the adriamycin plus epirubicin group (n = 100) and the adriamycin plus epirubicin plus fluorouracil group (n = 100).

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SUBGROUP ANALYSIS

Response. Of the patients who received their primary adjuvant chemotherapy, 99 patients had a decrease in the size during the study and 22 patients were alive at the end of the study. The corresponding median time to response was 10 weeks (range, 4-20 weeks) in the adriamycin plus epirubicin group and 10 weeks (range, 4-20 weeks) in the adriamycin plus epirubicin plus fluorouracil group. These results indicate that the primary objective of adjuvant chemotherapy was achieved in both groups.

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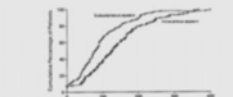


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Table 1. Baseline characteristics of the study patients

Characteristic	Adriamycin plus epirubicin (n = 100)	Adriamycin plus epirubicin plus fluorouracil (n = 100)
Median age, years (range)	55 (35-75)	55 (35-75)
Median tumor size, cm (range)	3.5 (1.5-10.0)	3.5 (1.5-10.0)
Median number of lymph nodes examined (range)	10 (5-25)	10 (5-25)
Median number of lymph nodes positive (range)	2 (0-10)	2 (0-10)
Median number of lymph nodes negative (range)	8 (5-25)	8 (5-25)
Median number of lymph nodes positive per node (range)	0.2 (0-1.0)	0.2 (0-1.0)
Median number of lymph nodes negative per node (range)	0.8 (0-1.0)	0.8 (0-1.0)

SECONDARY OUTCOME RESULTS

Response. Of the patients who received their primary adjuvant chemotherapy, 99 patients had a decrease in the size during the study and 22 patients were alive at the end of the study. The corresponding median time to response was 10 weeks (range, 4-20 weeks) in the adriamycin plus epirubicin group and 10 weeks (range, 4-20 weeks) in the adriamycin plus epirubicin plus fluorouracil group. These results indicate that the primary objective of adjuvant chemotherapy was achieved in both groups.

The time to response and a change in the size of the tumor were not significantly different in the two groups.

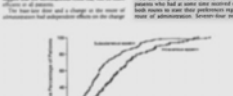
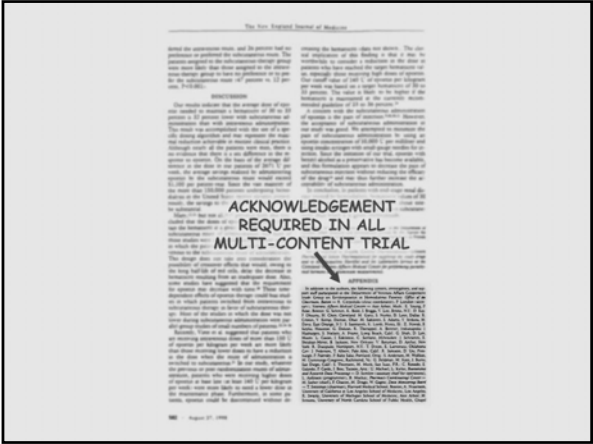


Figure 1. Overall survival for patients in the adriamycin plus epirubicin group (n = 100) and the adriamycin plus epirubicin plus fluorouracil group (n = 100).



Tips To Getting Your Research Published
-What They Don't Want You To Know

- Include a co-author from Harvard, Yale, Stanford or Duke
 - Even if you don't personally know them
- $P > .05$?
 - Don't even bother
 - Consider deleting "unusual" cases
- Money talks but make sure it can be heard
 - Don't insult the editor, make sure the "donation" is large enough
 - It is acceptable to include a signed blank check as Appendix A.

Tips To Getting Your Research Published
-What They Don't Want You To Know

- Include one of the following as a treatment arm
 - Magnets
 - Sham surgery
 - Gingko Biloba
- Use a random title generator
 - A sexy title will get you in the door even if it bears absolutely no relationship to the research

Example

- A comparison of ____ with ____ for the treatment of ____ : _____
- Treatment A
 1. Magnets
 2. Jointritis
 3. Gene Therapy
- Treatment B
 1. Sham Surgery
 2. Gingko Biloba
 3. Prayer

Example

- Diseases
 1. Chronic Fatigue Syndrome
 2. Male Pattern Baldness
 3. Mad Cow Disease
- Closer
 1. A cost-effectiveness analysis
 2. Results of the Physician's Health Study
 3. A meta-analysis
